

# PSJ3

## Exhibit 73

**Purdue**

100 Connecticut Avenue  
Norwalk, CT 06850-3590  
(203) 853-0123  
Fax: MedEd (203) 851-5213  
Lecture Programs (203) 851-5252

## Purdue Speaker Request Form

Rep Region #: Southeast 5900000 Rep Territory #: 5900948  
Rep Name: Rita Harris Lecture City/State: Gainesville, FL  
Date submitted to District Manager: 7-18-98  
Date submitted to Home Office: \_\_\_\_\_  
# of days lead-time (from date submitted to Home Office to lecture date): 70 days

**Is this Meeting:**A single presentation? ☐Part of a half day ☐ or full day meeting? ☐A Seminar or Symposium? ☐Purdue has the opportunity to exhibit: Yes ☒ No ☐**Meeting Description/Name** (eg: Grand Rounds, Tumor Board, Pivotal Dinner)

I would like Berry Cole to speak 4 times in one day. Schedule as follows 7:00-8:00 am Shands Hosp to Anesthesia Dept, 8:30-9:30 at VA Hospital to Primary Care Residents, 12:00-1:00 to Psychiatry Pain Management Residents and Faculty at Shands and VA, lastly dinner program at Leonardo's 706 in Gainesville to local Family practice, Rheumatologists, Phsychiatrists, Neurologists and pain management specialists

**Date of Lecture Program/Seminar/Meeting:**

First choice: Sept 28  
Alternate dates: Sept 14  
Start and Finish Time: start 6:30 am end 10:00 pm

**Name of person responsible for meeting:** Dr Berger 1<sup>st</sup> talk, Dr Allen 2<sup>nd</sup> talk, Dr Stennie 3<sup>rd</sup> talk, me 4th

Job Title: Berger Attdg at Shands in charge of resident education for anesthesia, Allen Chairman of Dept Primary Care VA, Stennie Director of mental Health Pain Clinic Gaines VA  
Department: Anesthesia Shands, Primary Care VA, Psychiatry VA and Shands  
Organization: VA/Shands teaching hospital Gainesville, FL  
Street: 1601 SW Archer RD.  
City: Gainesville State: FL Zip: 32608

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PKY180481336

**Speaker Request Form, pg 2**Telephone: Berger 352-395-6814 Allen 352-374-6015 Stennie 352-376-1611 ex6014

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Requested Topics:** (if multiple speakers, please state which topic relates to which speaker)Pain management, addiction, assessment tools used to rule out addiction verses uncontrolled pain**Meeting Location:** (please include room and address)Organization: VA hospital and Shands hospital which are adjacent buildings room to be determined

Evening program at Leonardo's restaurant 5 minutes from VA and Hospital

Address: 1601 SW Archer RdCity: Gainesville State: FL Zip: 32608**Estimated Total Attendance:** 120 total**Costs/Fees involved:** \_\_\_\_\_MDs: 40Food: \$ 2450.00Nurses: 10

Administrative fees: \$ \_\_\_\_\_

Residents: 70AV Rental: \$400.00

Pharmacists: \_\_\_\_\_

Miscellaneous (please specify): \_\_\_\_\_

PAs: \_\_\_\_\_

Others (please specify): \_\_\_\_\_

This request is for a single speaker ☒ / multiple speakers ☐

If multiple speakers are requested, how many? \_\_\_\_\_

**Requested Speaker(s) and distance from lecture location:** (Please provide a minimum of 2 choices in order of preference)**Speaker choices:****Distance (in miles) and travel time from lecture site:**1) Berry Cole1) approx 3500 miles

2) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

3) \_\_\_\_\_

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Speaker Request Form, pg 3

Are any of the speakers new to the Speakers Bureau? Yes ☐ No ☒

If yes to above, a Speaker Recommendation Form and current curriculum vitae must be submitted to the home office with sufficient time to allow for approval and recruitment.

Have there been, or will there be programs submitted that are associated with this event?

Yes ☐ No ☒ If yes, please outline the events below.

NOTE: Summation of request  
September 28, 1999 Gainesville Florida

7:00 – 8:00 Anesthesia Residents and faculty UF Shands teaching Hosp

8:30-9:30 Primary Care faculty and residents VA/Shands faculty and residents at VA

12:00 – 1:00 Psychiatry/Pain management at VA to VA and Shands Psychiatric faculty and residents

7:00-10:00 Community Dinner Program open to all areas of medicine interested in pain management  
at Local restaurant Leonardo's 706

Please check the following:

The speaker has ☐ has not ☒ tentatively agreed to this lecture engagement.

District Manager Name: \_\_\_\_\_

Approval date: \_\_\_\_\_

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MEDICAL EDUCATION  
SPEAKERS BUREAU COVER SHEET

TRACKING  
NUMBER:

103177

REQUESTING  
SALES REP: ·

Rita Harris

TALK  
DATE:

9/28/99  
7-5am

SPEAKER:

David Haddock

DATE OF CONFIRMATION  
WITH INSTITUTION:

8/27

Notes:

DATE OF CONFIRMATION  
WITH SPEAKER:

8/27

Notes:

DATE OF CONFIRMATION  
WITH REPRESENTATIVE:

\_\_\_\_\_

Notes:

SPEAKERS BUREAU ( )  
SEMINAR/SYMPOSIUM ( )

DIRECT OR ED. GRANT? \_\_\_\_\_  
TAX ID #: \_\_\_\_\_

HONORARIUM: \$ \_\_\_\_  
FOOD COSTS: \_\_\_\_\_

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PURDUE PHARMA L.P.  
SPEAKER CONFIRMATION AND FOLLOW-UP FORM

Organization: **Shands Hospital**  
 Talk Date: **September 28, 1999**  
 Talk Time: **7:00 am**  
 Talk Title: **Pain Management, Addiction & Assessment in Treating Pain**  
 Talk Location: **Shands Hospital, 1601 SW Archer Road, Gainesville, FL**

Contact: **Jerry Berger**  
 Contact Phone: **(352) 395-6814**  
 Purdue Rep: **Rita Harris**

## LECTURE CONFIRMATION INFORMATION:

When booking travel  
refer to the code below:

J. David Haddox, DDS, MD

**LP**

*Because of regulatory considerations, please be advised that if during your talk, you discuss any of our products, this should be within only the framework of approved labeling and approved recommended indications and uses for the product.*

\*\*\*\*\*  
 PROGRAM ASSESSMENT BY SPEAKER: (Form to be completed by speaker post lecture and returned in enclosed envelope):

Talk Title (if different than above): \_\_\_\_\_  
 Audience Size: \_\_\_\_\_ Audience Knowledge of Topic: \_\_\_\_\_ How helpful was Purdue Rep? \_\_\_\_\_  
 In a few words, please give us your overall impression of the program: \_\_\_\_\_

FINANCIAL SUPPORT INFORMATION: PLEASE ATTACH RECEIPTS

Type (as directed by provider): (X) Direct To Speaker  
 Travel Agency Arrangements: ( ) Not applicable in funding  
 (X) If required -- Only arrangements made through Wagonlit Travel will be covered.  
 (phone: 800-745-3210)

Hotel covered for \_\_\_\_\_ Night(s)

Honorarium: \$1000.00	(1099)	Mileage (\$0.25/mile)	_____
Total Expenses: \$ _____	(Bypass 1099)	Tolls/Parking	_____
		Hotel	_____
		Meals	_____
		Other	_____

Grand Total: \$ \_\_\_\_\_

Check payable to: J. David Haddox, DDS, MD

SS# / Tax ID #: \_\_\_\_\_

If different than  
above please specify: Name: \_\_\_\_\_ SS# / Tax ID #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed (Speaker): \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please call Kymberly Kittridge at Purdue Pharma L. P. (203) 854-7193.

\*\*\*\*\*  
 (For Purdue Office Use Only) Date to accounting dept: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Requested by: Kymberly Kittridge Med Ed Use \_\_\_\_\_ (revised 12/21/1998 Version 1.9)  
 General Ledger No.: \_\_\_\_\_ PP/209 ( ) OXY PF/0101 ( ) UNI  
 Description: September 28, 1999, Gainesville, FL (Shands Hospital)

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# COLOR GENESIS

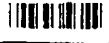
New Ideas in Photographic and Digital Imagery

HADDOX, J. DAVID DDS, MD  
DR. HADDOX

## SALES RECEIPT

229369 - 1

Invoice Date: 08/18/99  
PO Number:  
Completion Date: 08/18/99  
Customer Number: 6543  
Terms: DUE UPON RECEIPT

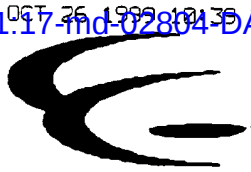


Shipped DR. HADDOX To			
Description	Number of Items	Unit Price	Sales Total
MAC Persuasion Imaging	24	5.00	120.00
<div style="display: flex; justify-content: space-between;"> <div> <p>DATE: 08/18/99 TIME: 13:40</p> <p>25100020600 DATA LINE 510 14TH STREET ATLANTA, GA 30316</p> <p>CLERK</p> </div> <div> <p>ITEM DESCRIPTION</p> <p>QUAN</p> <p>NET NO 23001004</p> <p>QUAN NO 500757</p> <p>ITEM TYPE SALE</p> <p>ACCOUNT # 372068010003</p> </div> <div> <p>TAX</p> <p>TOTAL 120.00</p> <p>EXP 08/92</p> </div> <div> <p>SIGNATURE</p> <p><i>J. David Haddox</i></p> </div> </div>			
Type of Payment .....	Less: Discounts .00	Total Products	120.00
Reference AMEX	Less: Pre-Paid .00	Total Shipping	.00
Placed on Account .00		Total Sales Tax	8.40
		Total Sale	128.40

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# SALES RECEIPT

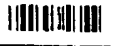
231233 - 1

## COLOR GENESIS

New Ideas in Photographic and Digital Imagery

HADDOX, J. DAVID DDS, MD  
DR. HADDOX

Invoice Date: 09/14/99  
PO Number:  
Completion Date: 09/14/99  
Customer Number: 6543  
Terms: DUE UPON RECEIPT



Shipped DR. HADDOX  
To

Description	Number of Items	Unit Price	Sales Total
MAC Persuasion Imaging	9	5.00	45.00

DATE: 09/14/99  
TIME: 14:25

251060230621  
DATA SLIDE  
516 14TH STREET  
ATLANTA, GA 30308

CLERK \_\_\_\_\_  
ID \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
REF NO 25701217  
AUTH NO 949645  
TRAM TYPE SALE  
ACCOUNT # 372265231592611  
SUB TAX  
TOTAL 48.15  
DIP 48.02

Type of Payment	.....	Less: Discounts	.00	Total Products	45.00
Reference	AMEX	Less: Pre-Paid	.00	Total Shipping	.00
Placed on Account	.00			Total Sales Tax	3.15
				Total Sale	48.15

510 14th Street NW - Atlanta, GA 30308 - 404.881.8844 - Fax 404.873.7501 - 800.838.3146 - www.colorgenesis.com

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PKY180481342



UNIVERSITY CENTRE HOTEL  
GUEST FOLIO

page: 1

Guest: HADDOX, DR J D

IFolio: 146525 In: 9/27/99 10:  
Room: 0621 Out: 9/29/99 6:  
Rate: 63.00 Adults/children  
Payment: AX AMERICAN EXPRESS  
(SPEAKER AT UF)

Company:

AKW	DATE	REFERENCE	DESCRIPTION	AMOUNT	BALANCE
	9/27/99	RM 0621	ROOM CHARGE	63.00	63.00
	9/27/99	RM 0621	ROOM TAX	5.67	68.67
	9/28/99	005.8 MIN	5:37a #DIALED8005069511	.50	69.17
	9/28/99	002.2 MIN	4:22p #DIALED3920583 L	.50	69.67
	9/28/99	001.2 MIN	4:23p #DIALED3764871 L	.50	70.17
	9/28/99	016.8 MIN	5:45p #DIALED8005069511	.50	70.67
	9/28/99	014949	RESTAURANT CHARGES	8.96	79.63
	9/28/99	RM 0621	ROOM CHARGE	63.00	142.63
	9/28/99	RM 0621	ROOM TAX	5.67	148.30
	9/29/99		AMERICAN EXPRESS	148.30CR	.00
Balance Due.....					.00

UNIVERSITY CENTRE HOTEL  
1000 N. RICHMOND ST.  
SPRINGFIELD, IL 62762

9/27/99 06:00

2007/12/26

SEP 29

FOLIO 146525

IN THE CITY OF

IN THE CITY OF

DATE: SEP 29, 99 06:00

016 AMT: 1200.00

74771

9/27/99 06:00

016 AMT: 1200.00

016 AMT: 1200.00

016 AMT: 1200.00

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016 AMT: 1200.00

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016 AMT: 1200.00

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(SIGNATURE AGREEMENT IF CREDIT VOUCHER)

524.00

TOTAL

ATLANTA BREAD  
ANTA HARTSFIELD  
AIRPORT  
ATLANTA, GA  
404-768-2269  
YOUR ORDER IN AT  
404-768-7662

PER 1\*0396

RVER4 # 4  
1/1998 08:38 GUESTS 0 CASHIER 4

IN  
1 CINN ROLL 1.71  
1 T GOURMET COFFEE 1.09  
1 BTL DRINK 1.45  
0.30  
4.55  
TOTAL 10.00  
SN 5.45  
ANCE:

OUR FRESH BREADS

ATLANTA BREAD  
HARTSFIELD ATLANTA AIRP  
ATLANTA GA 30328  
RMA I.O.:  
RMA N:  
EXP: 06/02  
INVOICE: 407422  
TIME: 09:33  
AUTH NO: 346895  
EX  
2205031392083  
ALE  
CH: 000122  
E: SEP 29, 99  
E: 0100160022

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PKY180481343

## Educational Grant Speaker Expense Form

Name: J. DAVID HADDOX, DDS, MD

Address: \_\_\_\_\_

City S

State & Zi \_\_\_\_\_

Date of Program: 28 SEPTEMBER 1999

Location: GAINESVILLE, FL

Time: 0930

Program ID # ? TOPIC: PAIN MGT & ADDICTION

### Expenses:

Honorarium	\$ <u>500.00</u>
Hotel	\$ <u>137.34</u>
Tolls/Parking	\$ <u>24.00</u>
Meals	\$ <u>12.51</u>
Mileage (\$.31)	\$ <u>13.02</u>
Material Prep	\$ <u>165.00</u>
Airfare	\$ <u>-0-</u>
Other (tip)	\$ <u>2.00</u>
TOTAL:	\$ <u>853.87</u>

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PKY180481344

042196 08 C		Branchpay® 1-(800) 444-6899 Another service of Galco Information Network, Inc. Eden Prairie, MN		43700000 00	
PROGRAM ID: 1.031.77		HONORARIA 5.00.00		0001647	
OTHER EXPENSES		PURDUE LECTURE PROGRAM GROUP		STAMP DATE 09/28/99	
PROGRAM ID		PAY TO THE ORDER OF Dr. David Waddox		COST CENTER 8101	
AIRFARE		(PAYEE NAME)		CHECK DATE 01/05/01	
HOTEL 137.34		(ADDRESS)		PROD. CODE	
GROUND TRANSPORT. 310.2		(CITY)		CHECK DATE 11/12/99	
MEALS 12.91		(STATE)			
MATERIAL PREP. 165.00		PAYABLE THROUGH NORWEST BANK 75-48 919		NOT NEGOTIABLE FOR CASH BY ANYONE'S AUTHORIZED REPRESENTATIVE	
ADMINISTRATIVE FEES		RED WING, N.J.A.		NOT GOOD FOR MORE THAN \$853.87	
AV. ROOM CHARGES		RED WING, MN		NON NEGOTIABLE	
MISCELLANEOUS 2.00		WAGONLIT \$		LECTURE PROGRAM COORDINATOR SIGNATURE	
TOTAL OTHER EXP. \$				SIGNATURE OF ASSISTANT DIR. LECTURE PROG. GROUP	

By signing this instrument, each of the undersigned certifies that this instrument has been drawn in accordance with the authority issued by Galco Information Network, Inc. If any statement herein is untrue, we, the undersigned, agree to pay the drawer upon demand the amount of this instrument and all expenses and damages arising from such misstatement.

LECTURE PROGRAM COPY

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